

VILLAGE OF CEDARHURST / STATE HANDICAPPED PARKING PERMIT APPLICATION
200 CEDARHURST AVENUE CEDARHURST, NY 11516
Nancy Ciaravolo Issuing Agent (516) 295-5770

PART I (To be completed by applicant) PLEASE PRINT

Applicant's Name _____
last first middle

Address _____
You must provide proof of residency, if name does not appear on our tax roll

Date of Birth _____ Telephone # _____
home business

I hereby certify that the above statements are true and authorize the physician named in Part II to furnish any information to this office concerning the diagnosis, prognosis and treatment of my described condition. I further acknowledge that I have read and understand the conditions of this application and the Handicapped Parking Permit, and I shall observe and comply with same.

Date _____ Signature of Applicant or Guardian _____

PART II (To be completed by a Medical Doctor or Doctor of Osteopathy)

Physician's Name _____ License # _____

Address _____ Phone # _____

_____ has one or more of the following impairments:
Patient's name

Answer all four questions:

1. Please check applicable condition(s):
- _____ limited or no use of one or both lower limbs.
- _____ neuro-muscular dysfunction which severely limits mobility.
- _____ physical or mental impairment or condition which is other than those specified above, but imposes unusual hardship in utilization of public transportation facilities and such condition prevents applicant from getting around without great difficulty.
- _____ a blind person
2. Please describe handicapped condition: _____
- _____
3. Describe limitations in ambulation (include. use of walking aids) _____
- _____
4. This condition is _____ Permanent _____ Temporary. If temporary, please indicate the approximate length of time your patient will require the permit. _____ months

I am an MD or a DO, licensed to practice in New York State, and in my professional opinion, I believe the applicant's, condition does warrant a Handicapped Parking Permit.

Signature of Physician (no stamp accepted)

Date _____